## STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation

THE OF INCHIGHNER	Clear Lake Courier		9-24-2024
FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNU 52			B, ANNUAL SUBSCRIPTION RICE \$ 48/60
	DRESS OF KNOWN OFFICE OF	PUBLICATION (Street,	City, County, State and ZIP+4 Code)
(Not printers) PO Box 830, Clear Lake, De			
PUBLISHER (Not printers)	DRESS OF THE HEADQUARTER euel County, SD 57226-0830	RS OR GENERAL BUSI	NESS OFFICES OF THE
6. FULL NAME OF PUBLISH	ER: Kenneth Reiste		
<ol> <li>OWNER (If owned by a corp addresses of stockholders own names and addresses of the in</li> </ol>	oration, its name and address must ning or holding I percent or more o dividual owners must be given. If of each individual must be given.	f total amount of stock. I owned by a partnership or	pack of this form the names and f not owned by a corporation, the r other unincorporated firm, its name E MAILING ADDRESS
Kenneth Reiste PO Box 830, Clear Lake, SD 57226-0830			
<ol> <li>KNOWN BONDHOLDER PERCENT OR MORE OF TO state. If more space is needed None</li> </ol>		SECURITY HOLDERS ORTGAGES OR OTHER	OWNING OR HOLDING I R SECURITIES (If there are none, so
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPI EACH ISSUED PRECEDING MONTHS	ACTUAL NO. COPIES
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		1300	1300
B.PAID AND/OR REQUESTED CIRCULATION     Sales through dealers and carriers, street vendors, and counter sales.		160	155
Mail Subscription     (Paid and or requested)		872	869
3. Paid Electronic Copies		51	48
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		1083	1072
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS		0	0
2, SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		10	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		1093	1082
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing		207	218
2. Return from News Agents		0	0
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		1300	1300

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:

(Signature)

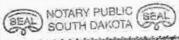
(Title)

State of South Dakota

Sworn to before me this 4 day of Sept, 20 24

Notary Public My commission expires: 9 - 21-27

(Seal)



BRENDA SCHAKE